

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jeff Reynar
Serial No.: 09/841,265
Filed: April 24, 2001
Confirmation No.: 6007
Examiner: Spooner, Lamont M.
Group Art Unit: 2654
Docket: 60001.0049US01/MS#154685.1
Due Date: May 15, 2006

Title: METHOD AND SYSTEM FOR APPLYING INPUT MODE BIAS

CERTIFICATE UNDER 37 CFR 1.8:

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage, in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on May 5, 2006.

By: 
Name: Devon K. Grant

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450



Sir:

We are transmitting herewith the attached:

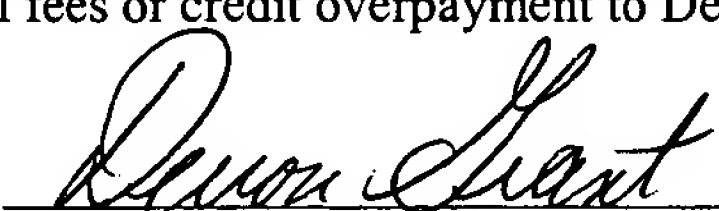
- ☒ Transmittal Sheet in duplicate containing Certificate of Mailing
- ☒ Request For Continued Examination and fee of \$790.00
- ☒ Amendment and Response
- The fee has been calculated as shown below in the "Claims as Amended" table
- ☒ Request for Extension of Time for 3 month(s) and fee of \$1,020.00
- ☒ Authorization to charge Deposit Account No. 13-2725 in the amount of \$790.00 for the RCE
- ☒ Authorization to charge Deposit Account No. 13-2725 in the amount of \$1,020.00 for the 3-Month Request for Extension of Time
- ☒ Return postcard

CLAIMS AS AMENDED

Claims Remaining After Amendment		Highest Number Previously Paid For		Present Extra		Rate		Fee
Total Claims								
30	-	30	=	0	x	50.00	=	\$0.00
Independent Claims								
3	-	3	=	0	x	200.00	=	\$0.00
MULTIPLE DEPENDENT CLAIM FEE								\$0.00
TOTAL FILING FEE								.00

Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers or any future reply, if appropriate. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. A duplicate of this sheet is enclosed.

Merchant & Gould P.C.
P.O. Box 2903
Minneapolis, MN 55402-0903
404.954.5100

By: 
Name: Devon K. Grant
Reg. No.: 57,036
DKG